



APPLICATION FOR MEMBERSHIP

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Telephone: _____ Fax: _____

Name of Principal Contact: _____

Email address: _____ Website: _____

Any information you may wish to provide on your company:

SPIDA membership is available to all manufacturers of spiral pipe, fittings and/or duct accessories. Three tiers of Membership are available:

B. Thomas Research Contributor (Manufacturers, Vendors & Suppliers)
All Association benefits – Annual fee is \$1,000

Industry Supporter (Manufacturers, Vendors & Suppliers)
Most Association benefits – Annual fee is \$500

Associate Member (Vendors & Suppliers only)
Limited Association benefits – Annual fee is \$300

(For a complete description of association benefits, please visit our website @ www.spida.org or review the enclosed list.)

COMMUNICATIONS

SPIDA communicates with members primarily through email. If you do not wish to be contacted by email, please indicate below.

I do not give SPIDA permission to contact my company's representatives via email or fax. I wish to be contacted via regular mail or phone.

SPIDA LISTSERV:

The ListServ provides an email forum for members to participate in discussions or receive specific information on various topics, current issues and/or areas of concern. B Thomas Research Level allows unlimited company representatives to have access to ListServ. Industry Supporter and Associate level companies are allowed access for one designated company representative at no charge but may purchase access for \$25 per additional company representative. Please indicate below the name of the representative(s) you wish to have access.

Name Email

_____ additional representatives X \$25 = \$_____ (add to membership fee)

PAYMENT

You may provide the following credit card information (the credit card charges will be processed by the management company, Sylvester Management Corp.)

Amount to charge \$_____ Card Type: _____ Amex _____ Discover _____ MasterCard _____ Visa

Card Number _____ Exp. ___/___

Name on Card _____

Billing Address _____

Signature authorizing charge _____

Or include a check, made payable to SPIDA, with your application and return to:

SPIDA
P O Box 1665 • Irmo, SC 29063
PH: 803-732-5818 • FAX: 803-732-0135